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	3. Generator's Name and Mailing Address	Name and Mailing Address Location If Different South Land						A. Illinois Manifest Document Number						
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İ.	Chres TI KOCH Generator's  24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS: 212-253-2318								Transporter's Phone					
	5. Transporter 1 Company Name	er 1 Company Name 6. US EPA ID Number						porter's			431			
	7. Transporter 2 Company Name	Lattoo 85 8 US EPA ID Numbe					0)54			nsporter's	Phone			
		on the 2 company maine a. US i				F. (	ois Trans	porter s		nsporter's				
	9. Designated Facility Name and Site Address	nated Facility Name and Site Address 10. US EPA ID				umber G. Illinois Facility's				Transporter's Phone				
	by riks Nu Huy 78	nurosafe of the ho						للا						
		risk Base Rd. Grand Vine ID 11PD073/1463				H. Facility's Phone (800) 274-15K								
	11. US DOT Description (Including Proper Ship)	ping Name, Hazar	d Class, and ID Num	nber)	12. Conta	ainers	13. Tota		14. Unit	J.	9			
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	d.									EPA HW	Number			
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	J. Additional Description for Materials Listed Ab	love	,			K. Ha	ndling Co	des for 1	Wastes	Listed Ab	n Number			
	a) out of some 2-21-95		3 · · · · · · · · · · · · · · · · · · ·			ln I	Item #14		ā.,					
	ESAU-20	ge objektivate				G =	Gallor	18	Y = (	Cubic '	Yards			
				a an chiye Hijida kabba										
	15. Special Handling Instructions and Additional	Information		<u></u>		L								
	ļ <sup>i</sup>													
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway													
	according to applicable international and nation  If I am a large quantity generator, I certify that	nal government regu	ulations.								ined to			
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TRANSPORTER	Printed/Typed Name	(	Signature		11/1	, ,	•			Month D	ay Year			
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R	Printed/Typed Name	T C	Signature		1 1		<del>- [</del>			Month D	ay Year			
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F.A	Pazaz 13-15,6221+K	WSID 17	1271001.04	Dias	y per	, pru	一人	95	O		i			
Ļ	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.  Date													
T Y	20. Facility Owner or Operator: Certification of a Printed/Typed Name	eceipt of hazardo	us materials covered Signature	by this ma	nifest exc	ept as	noted in it	em 19.		Da Mont <b>h</b> Da	te v, Year			
	Julie Mulers for	2 FSIT	Signature VI	ui (	Mu	W	$\mathcal{L}$		31	040	495			
T t)	his Agency is authorized to require, jursuant to Illinois Re is information may result in a civil benalty against the o er day of violation and imprisonment up to 5 years. This form has	wised Statute, 1989, ( wner or operator not	to exceed 25,000 pe	1004 and 10 day of violati	21, that this on. Falsificati	information of th	tion be sub- nis information	mitted to or may re	the Ager esult in	ncy. Failure i a fine up ti	to provide o \$50.000			
р	er day or violation and imprisonment up to 5 years. This form has	been approved by the Fo	irns Management Center											

The Illinois Uniform Manifest must be used for all shipments of special waste (hazardous and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Potentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Illinois, if the generator's state requires copies of the manifest, a photocopy of part 1 should be used.

## INSTRUCTIONS TO GENERATORS (Please type)

- Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (eg. 00001) by the generator.
- 2. Enter total number of pages comprising this Manifest.
- 3. Enter generator's name and mailing address. If location of waste generation is different from mailing address, enter location to the right of mailing address.
- Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- B. Enter the generator's Illinois EPA ten digit identification number.
- 5,6,C,D. For the first transporter who will transport the waste, enter the company name, US EPA ID number, Illinois EPA four digit Special Waste Hauling (SWH) permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
- 7,8,E,F. If applicable, enter the information requested for the second transporter who will transport the waste.
- 9,10,G,H. For the facility designated to receive the waste, enter company name, address, US EPA ID number, Illinois EPA ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
- 11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT."
- 12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container:

CM = Metal boxes or roll-offs

DM = Metal drums

CW = Wooden boxes

DW = Wooden drums

CF = Fiberboard or plastic bags

DF = Fiberboard or plastic drums

BA = Burlap, cloth, paper or plastic bags

CY = Cylinders

DT = Dump trucks TC = Tank cars TT = Tank trucks
TP = Tanks portable

13. Enter the total quantity (gallons or cubic yards) of each waste.

- 14. Enter G if quantity is in gallons or Y if quantity is in cubic yards. No other unit is to be used. To track weight if desired, enter pounds, tons or kilograms in Section J.
- I. Enter the EPA 4 digit Hazardous Waste Number: if waste is a mixture of listed and characteristic wastes, the listed waste must be entered other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).
- J.K. If needed, enter additional description or information/instructions for the material listed in item 11.
- 15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment storage, or disposal outside the jurisdiction of the United States in this space.
- 16. The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6 AND MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT

INSTRUCTIONS TO TRANSPORTER: 17,18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. UPON DELIVERY OF WASTE TO FACILITY, retain copy 4 and leave remaining copies with the facility owner/operator.

## INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

- 19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
- 20. Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste by signing and entering the date of receipt.

Retain copy 3, send copy 1 to the generator, and send copy 2 to Illinois EPA (within 30 days of the delivery).

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U. S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20480; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

A	Ü	INIFORM HAZARDOUS	21. Generator's US EPA ID No. Manifest Document N		No. 22. Page	1 - 1					
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		(Continuation Sheet)	1 500 1	7 of 2   law.  L. State Manifest Document Number							
	23. Generator's Name  L. Staté Manifest Document Number  USEPA REGION V										
	77W JACKSON HSE 5 J M. State Generator's ID										
	24.	ChicAGO, TL 606 Transporter 3 Company Nam		State Transporter's ID							
	Ĺ	DART TRUETING A Transporter Company Nam	rter's Phone 800-	r's Phone 800 - 426 -0895							
	26.	Transporter Company Nam	P. State Tra	P. State Transporter's ID Q. Transporter's Phone							
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	28.	US DOT Description (Including I	Proper Shipping Name, Hazard Class, a	nd ID Number)	ontainers	30. 31. Total Unit	Fl. Waste No.				
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	S.	Additional Descriptions for Mater	rials Listed Above		T. Handling	T. Handling Codes for Wastes Listed Above					
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FAC-L	35	. Discrepancy Indication Space	-			-					
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ENVIROSAFE SERVICES OF IDAHO, INC. P.O. BOX 16217
BOISE, IDAHO 83715-6217
EPA ID: IDD073114654

04/10/95

USEPA/SAUGET LANDFILL ST. CLAIR COUNTY

SAUGET IL

## CERTIFICATE OF DISPOSAL

THE FOLLOWING WASTE RECEIVED ON UNIFORM HAZARDOUS WASTE MANIFEST NO. 011 / IL6386126 WAS DISPOSED BY LANDFILLING IN AN APPROVED TSCA LANDFILL BY ENVIROSAFE SERVICES OF IDAHO, INC., EPA ID# IDD073114654, ON THE FOLLOWING DATES:

MATERIAL

DATE DISPOSED

MANIFEST ITEM

1 PCB BULK SOLID-REGULAR

04/04/95

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UNDER CIVIL AND CRIMINAL PENALITIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS [18 U.S.C. 1001 AND 15 U.S.C 2615], I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. AS TO THE IDENTIFIED SECTION(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILTY FOR THE PERSONS WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME: LYNN LAWSON

SIGNATURE

TITLE: RECEIVING SUPERVISOR

REFERENCE NO: 95094001

BROKER: RIEDEL/SMITH ENVIRONMENTAL SERVICES